

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CLOPIDOGREL SALTS WITH ALKYL-SULPHURIC ACIDS
Attorney Docket Number::	2503-1070
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GRAZIANO  
Middle Name::  
Family Name:: CASTALDI  
City of Residence:: BRIONA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA LIVIA GALLINA, 5

City of Mailing Address:: BRIONA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALBERTO  
Middle Name::  
Family Name:: BOLOGNA  
City of Residence:: CREMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA ENRICO MARTINI, 62-L

City of Mailing Address:: CREMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: DOMENICO  
Middle Name::  
Family Name:: MAGRONE  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA ESOPPO, 11

City of Mailing Address:: MILANO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2002A002228	10/21/02	Yes

**Assignment Information**

Assignee Name:: DINAMITE DIPHARMA S.P.A.  
ABBREVIATED DIPHARMA S.P.A.

Street of Mailing Address:: VIA XXIV MAGGIO, 40

City of Mailing Address:: MERETO DI TOMBA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address::